

**STATE OF NORTH CAROLINA**  
**CLEVELAND COUNTY**  
**OFFICE OF THE REGISTER OF DEEDS**

Death  
204730NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NC VITAL RECORDS

Book 103

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REGISTRATION NO.		LOCAL NO.		COUNTY OF DEATH		STATE FILE NO.	
<b>DECEASED'S LEGAL NAME</b>				<b>CERTIFICATE OF DEATH</b>			
1a FIRST <b>Joan</b>		1b MIDDLE <b></b>		1c LAST <b>Riggins</b>		1d SUFFIX <b></b>	
1a <sup>a</sup> MALE <b>F</b>		1a <sup>b</sup> AGE LAST <b>56</b>		1b <sup>a</sup> UNDER 1 YEAR <b>Months</b>		1b <sup>b</sup> UNDER 1 DAY <b>Days</b>	
1c <sup>a</sup> BIRTHDAY (Yr) <b>May 25, 1964</b>		1c <sup>b</sup> MONTH <b>Hours</b>		1d <sup>a</sup> DATE OF BIRTH (Month/Day/Year) <b>Minutes</b>		1d <sup>b</sup> BIRTHPLACE <b>Cumberland/NJ</b>	
1e <sup>a</sup> SEX <b>F</b>		1e <sup>b</sup> DATE OF DEATH (Month/Day/Year) <b>February 18, 2021</b>		1e <sup>c</sup> PLACE OF DEATH <b>(County/State or Foreign Country)</b>		1e <sup>d</sup> DATE OF DEATH (Month/Day/Year) <b>February 18, 2021</b>	
1f <sup>a</sup> TYPE/PRINT IN <b>PERMANENT BLACK, BLUE, BLACK OR BLUE INK</b>		1f <sup>b</sup> PLACE OF DEATH <b>(Check only one)</b>		1f <sup>c</sup> IF DEATH OCCURRED IN A HOSPITAL <b>Incident □ ER/Outpatient □ O&amp;A □ Hospital facility □ Nursing home/long term care facility □ Deceased's home □ Other (Specify)</b>		1f <sup>d</sup> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <b>Deceased's home □ Other (Specify)</b>	
1g <sup>a</sup> NAME OF FACILITY NAME (If not institution give street and number) <b>2439 S. Post Rd.</b>		1g <sup>b</sup> CITY OR TOWN <b>Shelby</b>		1g <sup>c</sup> COUNTY <b>Cleveland</b>		1g <sup>d</sup> COUNTY OF DEATH <b>Cleveland</b>	
1h <sup>a</sup> MARITAL STATUS <b>Married □ Married but separated □ Widowed Divorced □ Never married Unknown □</b>		1h <sup>b</sup> SURVIVING SPOUSE (Give name prior to first marriage) <b>Brian P. Riggins</b>		1h <sup>c</sup> DECEASED'S USUAL OCCUPATION <b>Homemaker</b>		1h <sup>d</sup> KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
1i <sup>a</sup> SOCIAL SECURITY NUMBER <b>138-62-0543</b>		1i <sup>b</sup> RESIDENCE-STATE OR FOREIGN COUNTRY <b>North Carolina</b>		1i <sup>c</sup> COUNTY <b>Cleveland</b>		1i <sup>d</sup> CITY OR TOWN <b>Shelby</b>	
1j <sup>a</sup> STREET AND NUMBER <b>2439 S Post Rd</b>		1j <sup>b</sup> INSIDE CITY LIMITS <b>Yes □ No</b>		1j <sup>c</sup> ZIP CODE <b>28152</b>		1j <sup>d</sup> WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>Yes □ No</b>	
1k <sup>a</sup> EDUCATION (Check the box that indicates the highest degree or level of school completed at the time of death) <b>8th grade or less. 9th-12th grade, no diploma High school graduate or GED completed Some college credit, but no degree Associate degree (e.g., AA) Bachelor's degree (e.g., BA, AB, BS) Master's degree (e.g., MA, MS, Eng, Med, MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional degree (e.g., DDS, DVM, LLB, JD)</b>		1k <sup>b</sup> DECEASED'S HISPANIC ORIGIN? (Check the box that indicates if deceased is Spanish/Hispanic/Latino. Check the "No" box if deceased is not Spanish/Hispanic/latino.) <b>No, not Spanish/Hispanic/Latino Yes, Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino (Specify)</b>		1k <sup>c</sup> DECEASED'S RACE (Check one or more boxes to indicate what the deceased considered himself or herself to be) <b>White Black or African American American Indian or Alaska Native (Name of the enrolled or principle tribe) Guamanian or Chamorro Samoa Other Pacific Islander (Specify) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other (Specify)</b>		1k <sup>d</sup> APPROXIMATE AGE AT DEATH <b>80 years old</b>	
1l <sup>a</sup> FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) <b>Robert Kumiski</b>		1l <sup>b</sup> MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) <b>Janet Viola Garrison</b>		1l <sup>c</sup> MARRIAGE ADDRESS (Street and Number, City, State, Zip Code) <b>210 E. Main Street, Shelby, NC 28152</b>		1l <sup>d</sup> APPROXIMATE AGE AT DEATH <b>80 years old</b>	
1m <sup>a</sup> INF-OR-MANT'S NAME <b>Brian P. Riggins</b>		1m <sup>b</sup> RELATIONSHIP TO DECEASED <b>Husband</b>		1m <sup>c</sup> PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Shelby, NC 28152</b>		1m <sup>d</sup> LOCATION (City or Town and State) <b>Shelby, NC</b>	
1n <sup>a</sup> METHOD OF DISPOSITION <b>Burial □ Cremation Donation □ Embalming Removal from State Other (Specify)</b>		1n <sup>b</sup> PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Cecil M. Burton F.H. &amp; Crematory</b>		1n <sup>c</sup> LICENSE NUMBER <b>FS 1083</b>		1n <sup>d</sup> LICENSE NUMBER <b>(Not Embalmed)</b>	
1o <sup>a</sup> SIGNATURE OF FUNERAL DIRECTOR <b>Cecil M. Burton</b>		1o <sup>b</sup> SIGNATURE OF FUNERAL HOME <b>Cecil M. Burton Funeral Home &amp; Crematory</b>		1o <sup>c</sup> ADDRESS OF FUNERAL HOME <b>106 Cherryville Road Shelby, NC 28150</b>		1o <sup>d</sup> APPROXIMATE AGE AT DEATH <b>80 years old</b>	
1p <sup>a</sup> PART I Enter the <u>chain of events</u> (diseases, injuries or complications) that directly caused the death. DO NOT ENTER terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b and d. Enter only one cause on a line. DO NOT ABBREVIATE <b>Initial disease or condition resulting in death</b>		1p <sup>b</sup> DUE TO (or as a consequence of) <b>atherosclerotic Cardiovascular Disease</b>		1p <sup>c</sup> DUE TO (or as a consequence of) <b></b>		1p <sup>d</sup> DUE TO (or as a consequence of) <b></b>	
1q <sup>a</sup> IMMEDIATE CAUSE <b>Initial disease or condition resulting in death</b>		1q <sup>b</sup> DUE TO (or as a consequence of) <b>atherosclerotic Cardiovascular Disease</b>		1q <sup>c</sup> DUE TO (or as a consequence of) <b></b>		1q <sup>d</sup> DUE TO (or as a consequence of) <b></b>	
1r <sup>a</sup> SEQUENTIALLY LIST CONDITIONS, IF ANY, THAT CAUSED THE UNDERLYING CAUSE <b>Initial conditions, if any, that caused the underlying cause</b>		1r <sup>b</sup> DUE TO (or as a consequence of) <b></b>		1r <sup>c</sup> DUE TO (or as a consequence of) <b></b>		1r <sup>d</sup> DUE TO (or as a consequence of) <b></b>	
1s <sup>a</sup> UNDERLYING CAUSE <b>Initial disease or injury that initiated the conditions resulting in death</b>		1s <sup>b</sup> DUE TO (or as a consequence of) <b></b>		1s <sup>c</sup> DUE TO (or as a consequence of) <b></b>		1s <sup>d</sup> DUE TO (or as a consequence of) <b></b>	
1t <sup>a</sup> PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I <b></b>		1t <sup>b</sup> DUE TO (or as a consequence of) <b></b>		1t <sup>c</sup> DUE TO (or as a consequence of) <b></b>		1t <sup>d</sup> DUE TO (or as a consequence of) <b></b>	
1u <sup>a</sup> MANNER OF DEATH <b>Natural □ Homicide Accident □ Pending Suicide □ Cannot be determined</b>		1u <sup>b</sup> WAS CASE REFERRED TO MEDICAL EXAMINER? <b>Yes □ No</b>		1u <sup>c</sup> TIME OF DEATH (Approximate) <b>1:37 PM</b>		1u <sup>d</sup> DID TOBACCO USE CONTRIBUTE TO DEATH? <b>Yes □ Probably No □ Unknown</b>	
1v <sup>a</sup> DATE PRONOUNCED (Month/Day/Year) <b>2-18-2021</b>		1v <sup>b</sup> DATE OF INJURY (Month/Day/Year) <b></b>		1v <sup>c</sup> TIME OF INJURY <b></b>		1v <sup>d</sup> WAS AN AUTOPSY PERFORMED? <b>Yes □ No</b>	
1w <sup>a</sup> DATE CORRECTED (Mo/Day/Yr) <b></b>		1w <sup>b</sup> DATE AMENDED (Mo/Day/Yr) <b></b>		1w <sup>c</sup> LOCATION OF INJURY (Street/Number/City/State) <b></b>		1w <sup>d</sup> WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <b>Yes □ No</b>	
1x <sup>a</sup> DATE REGISTERED BY STATE <b></b>		1x <sup>b</sup> ITEM(S) CORRECTED <b></b>		1x <sup>c</sup> ITEM(S) AMENDED <b></b>		1x <sup>d</sup> DATE SIGNED (Month/Day/Year) <b>2-19-2021</b>	
1y <sup>a</sup> MEDICAL EXAMINER ONLY <b></b>		1y <sup>b</sup> CERTIFIER (Check only one) <b>Certifying physician/practitioner/physician assistant — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated Medical Examiner — On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated</b>		1y <sup>c</sup> SIGNATURE AND TITLE OF CERTIFIER <b>Gail H. Bracketh, C.R.T./P.M.E.</b>		1y <sup>d</sup> LICENSE NUMBER <b>5122 Seven Pines Rd Lawndale NC 28090</b>	
1z <sup>a</sup> DATE FOR LOCAL REGISTRATION <b></b>		1z <sup>b</sup> DATE FILED (Month/Day/Year) <b>2-23-2021</b>		1z <sup>c</sup> DATE REGISTERED BY STATE <b></b>		1z <sup>d</sup> DATE SIGNED (Month/Day/Year) <b>2-19-2021</b>	
1aa <sup>a</sup> SIGNATURE FOR DHS-1872 (REVISED 11/2017) NC VITAL RECORDS 1aa <sup>b</sup> DATE AMENDED (Mo/Day/Yr) <b></b>		1aa <sup>c</sup> ITEM(S) CORRECTED <b></b>		1aa <sup>d</sup> ITEM(S) AMENDED <b></b>		1aa <sup>e</sup> DATE SIGNED (Month/Day/Year) <b>2-19-2021</b>	

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This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

**023-008462**Witness my hand and official seal  
this the **23RD** day of **FEBRUARY** **20 21**By: **Rosemary Harnage**  
Assistant Register of Deeds

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.

